



अखिल भारतीय आयुर्विज्ञान संस्थान, नागपुर

प्लॉट नंबर - 2, सेक्टर - 20, मिहान, नागपुर - 441108

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NAGPUR

Plot No - 2, Sector - 20, MIHAN, Nagpur- 441108

Website: <http://aiimsnagpur.edu.in>

APPLICATION PROFORMA FOR GUEST FACULTY

1.	Name (in Block letters)		Affix Passport Size Photograph				
2.	Father's Name						
3.	Mother's Name						
4.	Date of Birth (In Christian era)						
(Please attached attested copy of relevant certificate)							
5.	Permanent Address						
6.	Address for Correspondence						
7.	Mobile No./ Tele No.	8. Citizenship					
9.	Email ID	10. Gender					
11.	Category	UR	SC	ST	OBC	EWS	PWD
✓ (Please tick the appropriate category and attach attested copy of relevant certificate is seeking for reservation)							

12. UNDERGRADUATE/POST GRADUATE CAREER (*Attach attested copies of-certificate/degree in support of qualifications)

Examination Passed	Year of Passing	University/ Institution	Overall marks obtained in all professionals	Overall maximum marks in all professionals	Overall percentage of marks in all professionals

13. Detail of previous experience, if any

Post held (indicate temporary/permanent)	Period		Total Period			Pay Scale	Employer's Address
	From	To	Years	Months	Days		

14. Whether degree is recognized by National/State Accrediting Agencies.

Yes/ No

❖ **Attach attested copies of relevant documents.**

DECLARATION BY THE CANDIDATE

I hereby declare that the above information is true, complete and correct to the best of my knowledge and belief. I have not suppressed my material, fact or factual information. I have never been debarred from appearing at any examination nor have I ever been arrested, prosecuted or convicted by criminal court or involved in any other case registered by the police. I understand that my candidature is liable to be rejected in the event of any misstatement/ discrepancy in the particulars being detected and after my appointment in such an event, my services are liable to be terminated without any notice to me or reason thereof. I undertake not to make any claim or compensation if at any stage of my selection, my ineligibility for candidature is detected any my candidature is cancelled as a result there of.

Date:

Place:

Signature of Candidate

Enclosures:

S. No	Copy of the Certificate(s)	✓ Please tick
1.	Date of Birth and Class X and XII Certificate	
2.	Undergraduate Certificate and Mark Sheets	
3.	Post graduate Certificate and Mark Sheets	
4.	Experience Certificate	
5.	Copies of any other relevant documents	